



**ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST -- DECISIONS AND VOTING**

State Form 55860 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

AUG 28 2026

**INDIANA STATE
ETHICS COMMISSION**

In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the Inspector General's website.

Name (last) Hart	Name (first) Nicholas	Name (middle) Alexander
Name of office or agency Professional Licensing Agency		Job title Deputy Director
Address of office (number and street) 403 W Washington St, Room W072		City Indianapolis
		ZIP code 46204
Office telephone number (317) 232-0919	Office e-mail address (required) nhart@pla.in.gov	

Describe the conflict of interest:

Negotiation and acceptance of an offer of employment with CVS Health. This position will be an in house counsel position working with the 340B federal drug program.

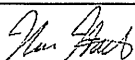
Describe the screen established by your ethics officer: (Attach additional pages as needed.)

Ethics officer will ensure that Deputy Director is screened from decision making related to CVS. The appointed members of the Board of Pharmacy are the ultimate authority over decisions regarding applications and administrative discipline cases, meaning that PLA staff are providing only administrative support.

AFFIRMATION

Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.

Signature of state officer, employee or special state appointee



Date signed (month, day, year)

8/26/2026

Printed full name of state officer, employee or special state appointee

Nicholas Hart

FOR ETHICS OFFICER USE ONLY

Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.

Signature of ethics officer



Date signed (month, day, year)

8/28/2026

Printed full name of ethics officer

Amy J Osborne

Hart, Nicholas

From: Hart, Nicholas
Sent: Friday, August 28, 2026 8:50 AM
To: Hyer, Lindsay
Cc: Osborne, Amy
Subject: Ethics Disclosure
Attachments: Ethics Disclosure (NAH).pdf

Good Morning,

Though we have discussed, this email is to provide notification to my appointing authority of my disclosure pursuant to IC 4-2-6-9. See attached disclosure form.

Kind regards,



Nick Hart, JD
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Indiana Professional Licensing Agency
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